



Professional Practice

Rev 01/23/2023

Professional Practice is a full-service billing agency serving mental health providers since 2008.

Standard Services Include:

- **Benefits Checks & Price Estimates.** Insurance verification including estimate of patient out of pocket expense (within 2 business days of receiving complete patient intake and copy of insurance card(s))
- **Insurance billing** (both electronic and paper)
- **Claims follow-Up.** For claims unpaid 30 days after submission
- **Patient Correspondence.** HIPAA compliant patient statements by mail, email, and text.
- **Credentialing & Contracting** with a variety of payers.
- **ERA/EFT Enrollment.** Enrollment for payment by electronic funds transfer.
- **Denial Management**
- **Monthly Reporting & Analytics** based on the practice's goals.
- **Scheduling and Appointment Reminders.** Access to scheduling software including free patient appointment reminders (optional).

Credentialing and Contracting Services Include:

- **Proactive Recredentialing.** We don't wait for payers to reach out to request recredentialing. We plot your recredentialing deadlines on a calendar and reach out to the payer 30-60 days before your deadline if we haven't heard from them.
- **Paper Trail.** We follow up with payers to request confirmation (in writing) that key tasks have been completed. When you contract with a payer or amend a contract, we make sure that you are sent a copy of the countersigned agreement, including all terms and conditions.
- **Follow Up.** Credentialing and contracting projects often involve a number of steps and stages. We don't wait for the payer to contact us. We set a reasonable follow up date and reach out to them so that projects don't fall between the cracks.



Professional Practice

Rev 01/23/2023

- **Demographic Validation.** You shouldn't have to compromise your privacy and safety to comply with your contracts. We keep close watch on the demographic validations required by CMS and commercial payers. Some payers may try to use less-than-reputable third party vendors to validate demographics. In those cases, we reach out to the payer directly to validate so that your information is protected.

**Our standard services are similar to other billers.
What's different about us?**

When you Google your practice and all providers, is the information correct?

- **Directory Searches.** (No Additional Fee) We review insurance company directories online regularly to make sure that they list accurate information for your practice. Maintaining these directories helps potential patients to find you when they need you.

Are you getting paid at the rates your contracts promise?

- **Contract Management.** (No Additional Fee) We run reports to compare the amount that you are contracted to receive from each payer with the amounts that are allowed on your claims. This allows us to reach out to the payer if they are underpaying your claims and to make sure that you are receiving the correct allowed rate for your services. It also keeps us aware of the typical fees received per code and gives us the opportunity to reach out to you if your contracted rates are below the average.

How does your revenue for this season or for a therapy group this year compare to revenue for previous seasons?

- **Reporting and Analysis.** (No Additional Fee) We offer a myriad of customizable reports and analysis. These reports can show you where the bulk of your claims are going and where your revenue is coming from, a detailed analysis of write-offs, revenue over time, trends and patterns, and a variety of other indicators.

Have you noticed an increase in denials lately? We have too.

- **Appeals.** We have experience submitting and escalating insurance appeals to the point of external review when claims are denied and/or underpaid. We are aware of pertinent timelines and contractual limitations. We also



Professional Practice

Rev 01/23/2023

offer a variety of options to help your patients through the process of appeals to their insurance company, as a member appeal may be a necessary step in the process.

Are your overhead expenses rising while your contracted rates remain the same?

- **Fee Negotiations.** We offer fee negotiations with insurance companies whereby; we prepare a petition to the payer requesting that they reconsider your contracted rates for an increase. Payers do consider these petitions and frequently offer increased rates. (Additional fees apply for fee negotiations in some circumstances).

When was the last time you did a “clean sweep” to make sure all of your information is current and consistent?

- **Onboarding.** Our onboarding process is very thorough. We conduct primary source verification to ensure that your information and identifiers are consistent. We check to make sure your information is current and consistent. When is the last time you checked in with places like network provider directories, NPPES (National Plan Provider Enumerator – the database behind your NPI number), CMS-I&A (Identity and Access Management for the Centers for Medicare and Medicaid Services), the Secretary of State, and other entities. We apply for access or register to use payer online portals, and we register for electronic claims and electronic remittances whenever available. Onboarding lays the foundation for your billing and cash flow.